

## WASTE TIRE FACILITY PERMIT APPLICATION

| I. TYPE OF APPLICATION (please print or type)  |   |  |  | SWIS #:               |  |
|--|---|--|--|-----------------------|--|
| <input type="checkbox"/> New Permit            | <input type="checkbox"/> Permit Renewal | <input type="checkbox"/> Permit Revision |  | <b>CIWMB use only</b> |  |
|  |   |  |  | Date Received:        |  |
| <input type="checkbox"/> Application Amendment |   |  |  | Date Accepted:        |  |
|  |   |  |  | Date Rejected:        |  |

| II. TYPE OF FACILITY  |                                   |
|---|-----------------------------------|
| <input type="checkbox"/> Existing   | <input type="checkbox"/> Proposed |
| <input type="checkbox"/> Major Waste Tire Facility (5,000 or more tires)                    |                                   |
| <input type="checkbox"/> Minor Waste Tire Facility (500 or more tires, but less than 5,000) |                                   |

| III. GENERAL INFORMATION                               |  |         |  |                  |  |      |  |               |  |
|--|--|---------|--|------------------|--|------|--|---------------|--|
| Facility Name:   |  |         |  |                  |  |      |  |               |  |
| Facility Mailing Address:                              |  |         |  |                  |  |      |  |               |  |
| City:  |  | County: |  | State:           |  | Zip: |  | Phone:        |  |
| Facility Location (if different from mailing address): |  |         |  |                  |  |      |  |               |  |
| City:  |  | County: |  | State:           |  | Zip: |  | Phone:        |  |
| Assessor's Parcel Number(s):                           |  |         |  | GPS Coordinates: |  |      |  | Site Acreage: |  |
| Facility Operator's Name:                              |  |         |  |                  |  |      |  |               |  |
| Mailing Address:                                       |  |         |  |                  |  |      |  |               |  |
| City:  |  | County: |  | State:           |  | Zip: |  | Phone:        |  |
| Property Owner's Name (if different from operator):    |  |         |  |                  |  |      |  |               |  |
| Mailing Address:                                       |  |         |  |                  |  |      |  |               |  |
| City:  |  | County: |  | State:           |  | Zip: |  | Phone:        |  |

| IV. AGENCY INFORMATION                         |  |        |
|--|--|--------|
| Fire Authority Agency Name:                    |  |        |
| Contact Person:                                |  | Phone: |
| Vector Control/Mosquito Abatement Agency Name: |  |        |
| Contact Person:                                |  | Phone: |

| V. TYPE AND QUANTITY OF WASTE TIRES                       |  |                                      |   |                                      |
|---|--|--------------------------------------|---|--------------------------------------|
| Type of Waste Tires Received:                             | <input type="checkbox"/> Whole Passenger                         | <input type="checkbox"/> Whole Truck | <input type="checkbox"/> Whole Tractor  | <input type="checkbox"/> Split Tires |
|   | <input type="checkbox"/> Whole Earthmover/Construction Equipment | <input type="checkbox"/> Cut Tires   | <input type="checkbox"/> Shredded Tires |                                      |
|   | <input type="checkbox"/> Other: _____                            |                                      |   |                                      |
| Number of Waste Tires Stored or Maintained On-Site: _____ |  |                                      |   |                                      |
| Maximum Capacity: _____                                   |  |                                      |   |                                      |

## VI. EQUIPMENT

|  |  |                                 |                                   |                                 |
|--|--|---------------------------------|-----------------------------------|---------------------------------|
| Types of On-Site Processing Equipment: | <input type="checkbox"/> Stationary Shredder | <input type="checkbox"/> Bailer | <input type="checkbox"/> Splitter | <input type="checkbox"/> Cutter |
|  | <input type="checkbox"/> Mobile Shredder     | <input type="checkbox"/> Other: |                                   |                                 |

## VII. PROPOSED CHANGE TO FACILITY

|   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Design (describe):         |  |  |  |
| <input type="checkbox"/> Operation (describe):      |  |  |  |
| <input type="checkbox"/> Administrative (describe): |  |  |  |
| <input type="checkbox"/> No Change:                 |  |  |  |
| Proposed Date of Change:                            |  |  |  |

## VIII. REQUIRED DOCUMENTS (attachments)

|   |   |  |   |
|---|---|--|---|
| Major & Minor WTF:                          | <input type="checkbox"/> Operation Plan<br>(CIWMB 501)  | <input type="checkbox"/> Environmental Form<br>(CIWMB 502) | <input type="checkbox"/> Emergency Response Plan<br>(CIWMB 503) |
|   | <input type="checkbox"/> Vector Control Info.   | <input type="checkbox"/> Fire Department Info.             | <input type="checkbox"/> Property Lease Agreement               |
|   | <input type="checkbox"/> Verification that applicable local, state, and federal permits and approvals have been acquired. |  |   |
| For Major WTFs, also include the following: | <input type="checkbox"/> Closure Plan<br>(CIWMB 504)  | <input type="checkbox"/> Reduction/Elimination Plan        | <input type="checkbox"/> Financial Assurance                    |
|   | <input type="checkbox"/> Operating Liability  |  |   |

## IX. OWNER SIGNATURE

*I certify that this document and all attachments were prepared under my direction or supervision. I have inquired of the person or persons who manage the system or those persons directly responsible for gathering the information, and certify that the information submitted is, to the best of my knowledge and belief, true, accurate and complete.*

|                                    |  |       |  |
|------------------------------------|--|-------|--|
| Property Owner or Agent Signature: |  |       |  |
| Typed Name & Title:                |  | Date: |  |

## X. OPERATOR CERTIFICATION

*I certify that this document and all attachments were prepared under my direction or supervision. I have inquired of the person or persons who manage the system or those persons directly responsible for gathering the information, and certify that the information submitted is, to the best of my knowledge and belief, true, accurate and complete.*

|                                       |  |       |  |
|---------------------------------------|--|-------|--|
| Facility Operator or Agent Signature: |  |       |  |
| Typed Name & Title:                   |  | Date: |  |